

## NON-COMPETITIVELY BID (NCB) CONTRACT JUSTIFICATION

For use on all information technology (IT) and non-IT goods and services acquisitions.  
Attach to Std. 65, Std. 66 or Std. 821, as applicable.

This justification document consists of two (2) pages. All information must be provided and all questions must be answered. The "Required Approvals" section must include a date for each signature, as appropriate for the transaction.

Requesting Department Information			
<b>Agency:</b>		<b>Agency Secretary/Immediate Next Ranking Official:</b>  (Type names. Do not sign. Must be same as signature below.)	
<b>Department:*</b>  (*Includes Boards, Commissions, and Associations)		<b>Director/Immediate Next Ranking Official:</b>  (Type names. Do not sign. Must be same as signature below. May be Executive Director, Chief Executive Officer, Executive Secretary, etc.)	
<b>Institution (if applicable):</b>			
Department Contact Information			
<b>Contact Name:</b>		<b>Street Address:</b>	
<b>Telephone:</b> (    )		<b>Mailing Address:</b>	
<b>FAX:</b> (    )			
<b>E-Mail:</b>			
Required Contract Information			
<b>Contractor Name:</b>			
<b>Contractor Address:</b>			
<b>Original Contract Amount:*</b> \$ (*Includes original contract and previously approved amendments)	<b>Amendment Amount:*</b> (if applicable) \$ (*Current amendment only)	<b>New Contract Amount: *</b> \$ (*Includes original contract and all amendments, including current amendment)	<b>Has work commenced?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have goods been acquired?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Attach explanations for any "Yes" answers.
<b>Provide a brief description of the acquisition, including all goods and/or services the contractor will provide:</b>			
Contract Type and Term			
<b>Contract Type:</b> Select One: <input type="checkbox"/> Non-IT Goods <input type="checkbox"/> Non-IT Service <input type="checkbox"/> IT Goods <input type="checkbox"/> IT Service <input type="checkbox"/> IT Goods & Services	<b>Contract Term:</b> Begin: _____ – End: _____ – Explain late contract submittal (services only):	<b>Type of Award:</b> CMAS: _____ Master: _____  Competitive: _____ Form 42: _____	<b>Will this transaction be financed?</b> No _____ Yes _____  If yes, attach the Statement of Compliance to the State Financial Marketplace to this form
Required Approvals			
<b>Department</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Director/Date	<b>Agency</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Agency Secretary/Date	<b>Dept. of General Services</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied  _____ Director or Designee/Date	

Department of General Services  
Procurement Division

Remit completed form to:

Procurement Division  
One-Time Acquisitions  
707 Third Street, 2<sup>nd</sup> Floor  
West Sacramento, CA 95605

**Complete responses must be provided for all of the following items.**

**A. THE GOOD/SERVICE REQUESTED IS RESTRICTED TO ONE SUPPLIER FOR THE REASONS STATED BELOW:**

**1. Why is the acquisition restricted to this good/service/supplier?**

(Explain why the acquisition cannot be competitively bid.

**1.a.** Explain if this is an emergency purchase or how the supplier is the only source for the acquisition and reference the PCC that applies, i.e., 12102, 10301/10302, or 10340.

**1.b.** For non-competitively bid contracts over \$250,000.00, explain why this acquisition is required and how this acquisition meets at least one of the following criteria: a) provision of essential services; b) required for public health or safety; c) emergency as defined in Public Contract Code 1102 or d) the acquisition is necessary to avoid financial loss to the state.

**2. Provide the background of events leading to this acquisition.**

**3. Describe the uniqueness of the acquisition (why was the good/service/supplier chosen?)**

**4. What are the consequences of not purchasing the good/service or contracting with the proposed supplier?**

**5. What market research was conducted to substantiate no competition, including evaluation of other items considered?**

(Provide a narrative of your efforts to identify other similar or appropriate goods/services, including a summary of how the department concluded that such alternatives are either inappropriate or unavailable. The names and addresses of suppliers contacted and the reasons for not considering them must be included OR an explanation of why the survey or effort to identify other goods/services was not performed.)

**B. PRICE ANALYSIS**

**1. How was the price offered determined to be fair and reasonable?**

(Explain what the basis was for comparison and include cost analyses as applicable.)

**2. Describe any cost savings realized or costs avoided by acquiring the goods/services from this supplier**